

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

101538364

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
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13		/		/		
14		5		5		
15		5		5		
16		0		1		
17		0		1		
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21		/		/		
22	/		/			
23	/		/			
24		2		2		
25		/		/		
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TOTAL IND.	9	↓	9	↓		↓
TOTAL DEP.	38	←	34	←		←
TOTAL CLAIMS	47		43			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
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99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						